

DISTRICT OF COLUMBIA MEDICAL CARE ADVISORY COMMITTEE (MCAC)

MEETING MINUTES WEDNESDAY, February 26, 2014

Attendance

Stephanie Akpa, Legal Aid DC
Robin Barclay, Trusted
Jacqueline D. Bowens, DCPCA
Holly Crowe, Children's Law Center
HyeSook Chung, DC Action
Fiona Druy, Iona Senior Services
Richard Flintrop, HFTCCC
Mark R. Fracasso, AmeriHealth
Rich Gillette, Trusted
Shannon Hall, DCBHA
Rachel Harris, Trusted HP
Judith Hinton, Trusted HP
Judith Levy, LTC
Rebekah Mason, Legal Counsel for the Elderly
Kathleen Millian, TPM, LLP
Don Perry, Avysion Healthcare
Daniela de la Piedrz
Jon Puricelli, LTC
Waldemar Rosario, MSFC
Kim Shablin, Optum
Eric Vicks, DCPCA

Cavella Bishop DHCF
Jim Borda, DHCF
Alphonzo Brinkley, DHCF
Sumita Chaudhuri, DHCF
Linda Elam, DHCF
Diane Fields, DHCF
Maude Holt, DHCF
Sheryl Johnson, DHCF
AlonyaRenee Knight, DHCF
Anita Lewis, DHCF
Danielle Lewis, DHCF
Makenzie McIntosh, DHCF
Ganayswaran Nathan, DHCF
Katherine Rogers, DHCF
Claudia Schlosberg, DHCF
Darrin Shaffer, DHCF
Colleen Sonosky, DHCF
John Sumner, DHCF
Lisa Truitt, DHCF
Wayne Turnage, DHCF
Cleveland Woodson, DHCF

I. Welcome and Introductions

Jackie Bowens, MCAC Vice Chair, called the meeting to order at 1:34 p.m. After introductions, he called for a motion to approve the minutes of the January 22, 2014, Medical Care Advisory Committee Meeting (MCAC.) The motion was seconded and unanimously approved.

II. Presentation of MCO Quarterly Performance Report

Wayne Turnage, Director, Lisa Truitt, Project Manager, Health Care Delivery Management, and Colleen Sonosky, Associate Director, Division of Children's Health Services, Health Care Delivery Management, DHCF presented the quarterly managed care organization performance report.

III. DHCF Director's Report

A. SPA Report

There was no report on this item.

B. Enrollment Report

Katherine Rogers, Associate Director for the Division of Research & Rate Setting Analysis presented the enrollment report for the period of October 2012 through October 2013. Highlights of the report included -4.95 percent annual growth for the EPD Waiver; 2.80 percent annual growth for Medicaid expansion SPA; and 6.57 percent annual growth

for the Childless Adults (133-200% of FPL) Waiver. Ms. Rogers also noted that they hope to soon begin delivering the data snapshot on a monthly schedule.

C. Update on Medicaid EHR Program

Cleveland Woodson, Program Manager, HIE/HIT reported that \$13 million has been paid out to eligible providers and hospitals since July 2013 and \$100,000 in incentive payments was processed in February. Mr. Woodson also reported that DHCF is submitting plans to CMS to permit eligible providers and hospitals to attest for Stage 1 of Meaningful Use.

D. Update on Pediatric Primary Care Integration (Children's Health Services and DBH Collaboration)

Colleen Sonosky, Associate Director, Division of Children's Health Services, Health Care Delivery Management Administration gave an overview of the presentation on the Pediatric Primary Care Integration project that was presented to the HHS Cluster on January 30th, and also shared with MCOs at the Operational Meeting in March. In the next steps portion of the Managed Care Performance Report, Ms. Sonosky reported on current work being conducted at DHCF to have clearer billing instructions for providers in order to have better data in MCO and DHCF systems. She also addressed a partnership on Mental Health in Pediatric Primary Care with government agencies (DHCF and DBH), Children's National Health System, Georgetown University and the Children's Law Center. A Quality Improvement Learning Collaborative began in February 2014 to train pediatricians on mental health screening and referrals with all major pediatric practices in the District participating.

E. DC Health Link Program Update

Makenzie McIntosh, Program Analyst, Health Care Policy & Planning reported that they have received 36,689 applications since October and have determined that more than 27k are eligible.

F. Update on the Role of the New Quality Improvement Organization (QIO)

Cavella Bishop, Program Manager, Clinician, Pharmacy, and Acute Provider Service announced that the QIO started on Feb 1 and encountered a backlog of cases because there were a number of reviews leftover from the previous QIO and because of a delay in obtaining access to the MMIS. Both issues should be resolved and the backlog decreased over the next couple of weeks.

G. Streamlined Application for Ordering and Referring Providers

Claudia Schlosberg, Interim Senior Deputy Director Medicaid, reported that under the Affordable Care Act, all ordering, referring and rendering providers must be enrolled in Medicaid. The Department of Health Care Finance (DHCF) recognizes that in certain situations beneficiaries who are also enrolled in Medicaid may receive orders or referrals for Medicaid health care services from providers who are not enrolled in and do not bill Medicaid for services. Examples include dual eligible beneficiaries who may be receiving primary care services from a Medicare-enrolled provider or beneficiaries who receive services through the Veterans Administration or the military health system (TriCare). To ensure that these beneficiaries do not lose access to services, DHCF has established a

streamlined enrollment process for providers whose only relationship with the Medicaid program is ordering and/or referring services. To be eligible for the streamlined enrollment process, the provider must:

1. Be currently licensed under State law to order or refer the medical services which are the subject of the order or referral;
2. Be employed by the Department of Veteran Affairs, the Public Health Service, the Department of Defense/Tricare, the Indian Health Service, a Tribal Organization, a Medicaid-enrolled FQHC or other organization that serves Medicaid beneficiaries but does not submit claims to Medicaid for payment of any service; or be licensed as an intern, resident or fellow in an approved medical residency program.
3. Not submit claims to Medicaid for payment of any service; and
4. Complete and submit a streamlined enrollment form which includes the provider's NPI number.

Organizations that are not enrolled Medicaid providers that employ physicians who meet the above criteria may submit a streamlined enrollment form on behalf of their ordering and referring physicians. Such organizations will be required to provide DHCF with the organization's NPI number.

H. Medicaid Renewals

Ms. Danielle Lewis, Management Analyst, Division of Eligibility Policy shared a fact sheet which explained the changes for renewals. She reported that DHCF received a waiver from CMS to postpone renewals that were scheduled for January to June and noted that those individuals will not be dropped from Medicaid.

IV. Subcommittees

A. Membership Committee

- i. There was no report on this item.

B. Long-Term Care Committee

- i. There was no report on this item.

C. Behavioral Health Committee

- i. There was no report on this item.

V. New Business

There being no new business, the meeting was adjourned at 3:10 p.m.